CENTRAL INTELLIGENCE AGENCY

INFORMATION REPORT

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East Germany		REPORT NO.	
Shortage of Docto		DATE DISTR.	7 July 1953
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25X1 1. Medical assistants (Arzthelfer)

- (a) As a result of the great shortage of medical doctors in East Germany, the government decided in 1952 to train a number of medical assistants (Arzthelfer). The matter was handled as a secret one, apparently because of the opposition that was feared to this Russian system.
- (b) Qualifications for a 10 month course were: to be in possession of the State certificate for care of the sick and to have had two years practice in such care.
- (c) Training is conducted in the larger hospitals of East Germany, mainly in the Bezirk capitals. Thus courses are now being given in Schwerin, Dresden, Magdeburg, Erfurt, Gera, Suhl and Brandenburg. The first courses started in October 1952. Theoretical training is given in anatomy, physiology and diagnosis. Practical training is gained in the hospitals.
- (d) The aim of this scheme is to bring the medical assistants up to a point where they can work with a fully qualified doctor and relieve him of small jobs. The assistants are supposed to be able to undertake small operations, this being defined as "up to limb amputation".
- (e) Very few people have volunteered for this training so far, although officials in the Ministry of Health spoke in 1952 of training 1000 medical assistants. Only 6 persons in Bezirk Neubrandenburg signed for this course and in the end all the candidates from the whole of the former Land Mecklenburg area were sent to a single course consisting of 20 candidates. The course is now being given in Schwerin.

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- (f) The causes for the poor response to this scheme are thought by public health officials to be 1 the following:
 - (1) the small pay received by candidates undergoing training,
 - (2) the opposition of properly qualified persons,
- and (3) uncertainty about the future, particularly since no Western state would recognize the medical assistants.
- (g) The Ministry of Health official responsible is Dr. Michael Gehring, of the training section.

2. Lack of medical doctors

The shortage of fully qualified medical doctors mentioned above is illustrated by the fact that there are now a number of <u>Kreise</u> in which there is no <u>Kreis</u> doctor: the duties of this post can only be undertaken part time by some other doctor. Thus in <u>Bezirk</u> Neubrandenburg:

Kreis Pasewalk:

has a full time Medical Officer of Health (MOH) with a state certificate.

Kreise Roebel, Ueckermuende,

Teterow and Malchin:

each have only a part time MOH, normally at the polyclinic.

Kreise Altentreptow, Anklam, Demmin, Neubrandenburg, Neustrelitz, Prenzlau, Strasburg, Templin and Waren:

have each a full time acting MOH, but without any official training for the post.

3. Measures against private practice

At a meeting of <u>Bezirk</u> MOsH in the Ministry of Health Secretary of State Jenny Matern announced new, confidential measures against doctors practicing privately. The aim of the measures appeared, to the <u>Kreis MOsH</u> who later received official word of them, to be the eventual abolition of private practices. The first measure is to be the employment of doctors with private practices for 24 hours a week in public health service.

4. German Red Cross (DRK)

- (a) The work of organizing the East German DRK at <u>Kreis</u> level began in September 1952. At first it was planned to have 9 full time workers in each <u>Kreis</u>. These were to have been:
 - (1) Secretary (SED member)
 - (2) Assistant Secretary
 - (3) Administrator for stores and supplies
 - (4) Finance official
 - (5) Personnel official
- (6), (7) 2 clerks
- (8), (9) 2 telephone operators

This establishment was later reduced to 7 for reasons of economy; this was done by making the secretaries responsible for posts (3) and (5).

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- (b) Assignments of the DRK are:
 - (1) The further building of the organization: exhibitions are held and attempts are made to attract former DRK officials. There is talk of affiliation to the International Red Cross Committee at Geneva but this is conscious deception of the people, since the SED privately state that they have no such intention.
 - (2) The training of new Red Cross workers.
 - (3) The installation of accident and first aid centers.
 - (4) The taking over of patients' transport.
 - (5) Popular education on matters of first aid, protection against accidents, etc.

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